



FRESNO POLICE DEPARTMENT CITIZENS ON PATROL



AUTHORIZATION OF BACKGROUND INVESTIGATION

Please print or type all Information and leave no blanks

Date: _____ Position Applying For: _____

CITIZENS ON PATROL*

*Citizens On Patrol must be at least 21 years of age

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Mailing address: _____

Home phone: _____ Work phone: _____ Extension: _____

Message phone: _____

California Driver License #: _____ Expiration date: ____/____/____

Social Security #: _____-_____-_____

Have you ever been: () Arrested? () Convicted of a felony? () Convicted of a misdemeanor?

Have you ever been fingerprinted? () Yes () No

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I hereby authorize the Fresno Police Department to conduct a Background Investigation concerning my reputation, medical, physical and criminal records including information of a confidential or privileged nature. I authorize the Fresno Police Department to use a copy, or FAX of this form, to be considered the same as the original for the purposes of a background investigation.

Signature of applicant: _____ Date: _____

Witness: _____ Date: _____